



# APPLICATION FOR LODGING ESTABLISHMENT LICENSE

**For Official Use Only**

Inspector ID #: \_\_\_\_\_

Inspection Date: \_\_\_\_\_

Please mail **Application & Check** to:

**Application MUST accompany Check**

**Kansas Department of Health and Environment  
Bureau of Consumer Health      ATTN: FPCS Section  
1000 SW Jackson Ste 330  
Topeka, Kansas 66612-1274  
Phone (785) 296-5600      FAX (785) 296-6522**

Date \_\_\_\_\_ I hereby make application for a Lodging establishment license.

## **Establishment Information**

Trade Name \_\_\_\_\_ Date operation to begin \_\_\_\_\_

Street Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

City \_\_\_\_\_ KS Zip \_\_\_\_\_ County \_\_\_\_\_

Social Security # \_\_\_\_\_ **OR** FEIN # \_\_\_\_\_

## **Owner Information** (PLEASE LIST LEGAL OWNERSHIP; Corporation, limited partnership, individual, etc.)

Owner name \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Corporate Information**

Resident Agent \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## **Optional Mailing Address**

Name \_\_\_\_\_ e-mail \_\_\_\_\_

Mailing Address \_\_\_\_\_ Phone (      ) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Applicant's Signature** \_\_\_\_\_

**LICENSES ARE ISSUED FOR THE CALENDAR YEAR.  
ALL LICENSES EXPIRE DECEMBER 31 OF THE YEAR  
FOR WHICH LICENSE WAS ISSUED.**

### ***Schedule of Fees***

#### **APPLICATION FEE**

1 - 9 rooms      \$ 30.00  
10 - 29 rooms      \$ 50.00  
30 or more rooms      \$100.00

#### **LICENSE FEE**

1 - 9 \$ 30.00  
Plus \$5.00 for each  
additional 10 rooms

Mail License to:	Mail Renewal to:
<input type="checkbox"/> Establishment	<input type="checkbox"/> Establishment
<input type="checkbox"/> Owner	<input type="checkbox"/> Owner
<input type="checkbox"/> Resident Agent	<input type="checkbox"/> Resident Agent
<input type="checkbox"/> Optional Address	<input type="checkbox"/> Optional Address

#### **Credit Card Information – DISCOVER CARD ONLY**

A 2.5% convenience fee will be assessed on this transaction to cover the costs associated with the acceptance of this credit card.

**Acct. Number:** \_\_\_\_\_ **Exp. Date:** \_\_\_\_\_  
(Please Print Clearly)

#### **Signature as on Card:** \_\_\_\_\_

By my signature, I acknowledge my understanding that a 2.5% convenience fee will be included in the final total of this transaction.

**TOTAL ROOMS** \_\_\_\_\_

**TOTAL FEE** \_\_\_\_\_

**Completion and submission of this form does not constitute authorization to open a lodging establishment.**

All facilities must be inspected and licensed *prior* to operation.

For more information, visit our Web site at [www.kdhe.state.ks.us/fpcs](http://www.kdhe.state.ks.us/fpcs)